TRANSMITTAL FORM			Application No.	10/522,209			
			Filing Date	January 14, 2005			
(to be used for all correspondence after initial filing)			First Named Inventor	Je Ho Nam			
			Art Unit	Unknown			
			Examiner Name	Unknown			
Total Number of Pa	ages in This Submission	11	Attorney Docket Number	51876P803			
ENCLOSURES (check all that apply)							
Fee Transmittal	Form	Drawing(s)		After Allowance Communication to TC			
Fee Attack	ned	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences			
Amendment / Reply		Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
After Final Affidavits/declaration(s)		Petition to Convert a Provisional Application		Proprietary Information			
Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address		Status Letter			
Express Abandonment Request		Terminal Disclaimer		Other Enclosure(s) (please identify below):			
Information Disclosure Statement		Request for Refund		postcard			
PTO/SB/0	8	CD, Number of CD(s)					
Certified Copy of Priority Document(s)		Landscape Table on CD					
Response to Missing Parts/ Incomplete Application  Basic Filing Fee  Declaration/POA		Remarks Preliminary Amendment					
Response Parts und 1.52 or 1.5	e to Missing er 37 CFR 53						
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm or	Eric S. Hyman, Reg. No. 30,139						
Individual name	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP						
Signature							
Date 9/1/01							
CERTIFICATE OF MAILING/TRANSMISSION							
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.							
Typed or printed name   Linda/Metz							
Signature	dust	110		Date 4-2-08			

Application No.

DIPLE CAR					
FEE TRANSMITTAL			Complete if Known		
A LEE I WAIASIN	IIIAL	-	Application Number	10/522,209	
for FY 2007  TABLE OF FY 2007  THE STATE OF		Filing Date	January 14, 2005		
		First Named Inventor	Je Ho Nam		
Applicant claims small entity status. See 37 CFR 1.27.		Examiner Name	Unknown		
		Art Unit	Unknown		
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	Attorney Docket No.	51876P803	
METHOD OF PAYMENT (check	all that appl	у)			
☐ Check ☐ Credit card ☐ Money	Order 🔲	None 🔲 (	Other (please identify):		
Deposit Account Deposit Account	t Number:	<u>02-2666</u> 1	Deposit Account Name	: Blakely, Sokoloff, Taylor & Zafman LLP	
For the above-identified deposit a					
Charge fee(s) indicated helow					

Check   Credit card   Money Order   None   Other (please identify):	METHOD OF PAYMENT (check all that apply)							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below, except for the filling fee   Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.    Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.    Fee Calculation   Columb   Columb	Check Credit card Money Order None Other (please identify):							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below, except for the filling fee   Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.    Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.    Fee Calculation   Columb   Columb								
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) or underpayment of fee(s)   Charge fee(								
Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.  FEE CALCULATION  1. EXTRA CLAIM FEES  Entr Claims  Solve Fee  Code (s)  Total Claims  Fee Free  Fee Fail  Fee Free  Fee Paid  Total Claims  Fee Free  Fee Fail  Fee Free  Fee Paid  Total Claims  Fee Free  Fee Fail  Fee Free  Fee Fail  Total Claims  Fee Free  Fee Paid  Total Claims  Fee Fail  Fee Free  Fee Fail  Total Claims  Fee Fail  Total Claims  Fee Fail  Fee Fail  Total Claims  Fee Paid  Total Claims  Total Claims  Fee Fail  Total Claims  Total Claims  Fee Fail  Total Claims  Fee Paid  Total Claims  Total Claims  Fee Paid  Total Claims  Total Claims  Total Claims  Total Claims  Fee Paid  Total Claims  Total Claims  Fee Paid  Total Claims  Total Claims  Total Claims  Total Claims  Total Claims  Fee Paid  Total Claims  Total Claims  Total Claims  Total Claims  Total Claims  Total Claims  Fee Paid  Total Claims  Fee Paid  Total Claims  Total Clai								
Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.  Considerable								
during the pendency of this application.    Test Calculation								
### Fee Foundation  1. EXTRA CLAIM FEES Total Claims   30	Charge any additional fee(s) of underpayment of fee(s)							
Total Claims								
Total Claims	FEE CALCULATION							
Total Claims								
Total Claims   30	Extra Fee from							
Solution   Claims   Claims   Code   Claims   Claims   Code   Claims   Claims   Code   Claims	Total Claims							
Large   Entity   Small   Entity   Fee   Fee   Fee   Fee   Fee   Fee   Code   (\$)	Interpretant							
Fee								
Fee	Large Entity   Small Entity							
1202   50   2202   25   Claims in excess of 20   Independent claims, in excess of 3   1203   370   2203   185   Multiple Dependent claims, in rot paid   "Reissue independent claims, in rot paid   "Reissue independent claims, in rot paid   "Protessue independent claims, in rot paid   "Reissue independent claims, in rot paid   "Protessue independent claims, in rot paid   "Protessue independent claims, in rot	Fee Fee Fee Fee Description							
1201   210   2201   105   Independent claims in excess of 3   1203   370   2203   185   Multiple Dependent claim, if not paid   1204   810   2204   405   "Reissue independent claims over original patent   "Tor number previously paid, if greater, For Reissues, see below   1205   810   2204   405   "Reissue claims in excess of 20 and over original patent   "Tor number previously paid, if greater, For Reissues, see below   1205   810   1206								
1204 810   2204 405   **Reissue independent daims over original patent   **or number previously paid, if greater, For Reissues, see below   1205   **Reissue claims in excess of 20 and over original patent   **or number previously paid, if greater, For Reissues, see below   SUBTOTAL (1)   (\$)   0.00	(Luc. 1)							
Substitute   Sub	1200							
2 ADDITIONAL FEES Large Entity Small Entity  Fee Code (\$) Fee (\$) Fee (\$) Fee Paid  1051 130 2051 65 Surcharge - late filling fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.  2053 130 2053 130 Non-English specification 1251 120 2251 60 Extension for reply within first month 1252 460 2252 230 Extension for reply within second month 1253 1,050 2253 525 Extension for reply within fourth month 1254 1,640 2254 820 Extension for reply within fourth month 1255 2,230 2255 1,115 Extension for reply within first month 1401 510 2401 255 Notice of Appeal 1402 510 2402 255 Filling a brief in support of an appeal 1403 1,030 2403 515 Request for oral hearing 1407 50 1807 50 Petitions to the Commissioner 1807 50 1807 50 Processing fee under 37 CFR § 1.129(a)) 1808 810 1809 405 For each additional invention to be examined (37 CFR § 1.129(b)) Other fee (specify)		**or number previously paid, if greater, For Reissues, see below						
Fee   Fee   Fee   Code   (\$)   Fee   Fee   Code   (\$)   Fee Description   Fee Paid	SUBTOTAL (1) (\$) 0.00							
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1062 50 2052 25 Surcharge - late provisional filing fee or cover sheet.  2053 130 2053 130 Non-English specification  1251 120 2251 60 Extension for reply within first month  1252 460 2252 230 Extension for reply within second month  1253 1,050 2253 525 Extension for reply within fourth month  1254 1,640 2254 820 Extension for reply within fourth month  1255 2,230 2255 1,115 Extension for reply within fifth month  1401 510 2401 255 Notice of Appeal  1402 510 2402 255 Filling a brief in support of an appeal  1403 1,030 2403 515 Request for oral hearing  1451 1,510 2451 1,510 Petition to institute a public use proceeding  1460 130 2460 130 Petitions to the Commissioner  1807 50 1807 50 Processing fee under 37 CFR 1.17(q)  1808 810 1809 405 Filling a submission after final rejection (37 CFR § 1.129(a))  Other fee (specify)	0-4- (4) . 0-4- (4)	Fee Paid						
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		(\$)						

SUBMITTED BY Complete (if applicable)						
Name (Print/Type)	Eric S. Hyman		Registration No. (Attorney/Agent)	30,139	Telephone	(310) 207-3800
Signature			,/		Date	4/1/06

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/26/2007. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450